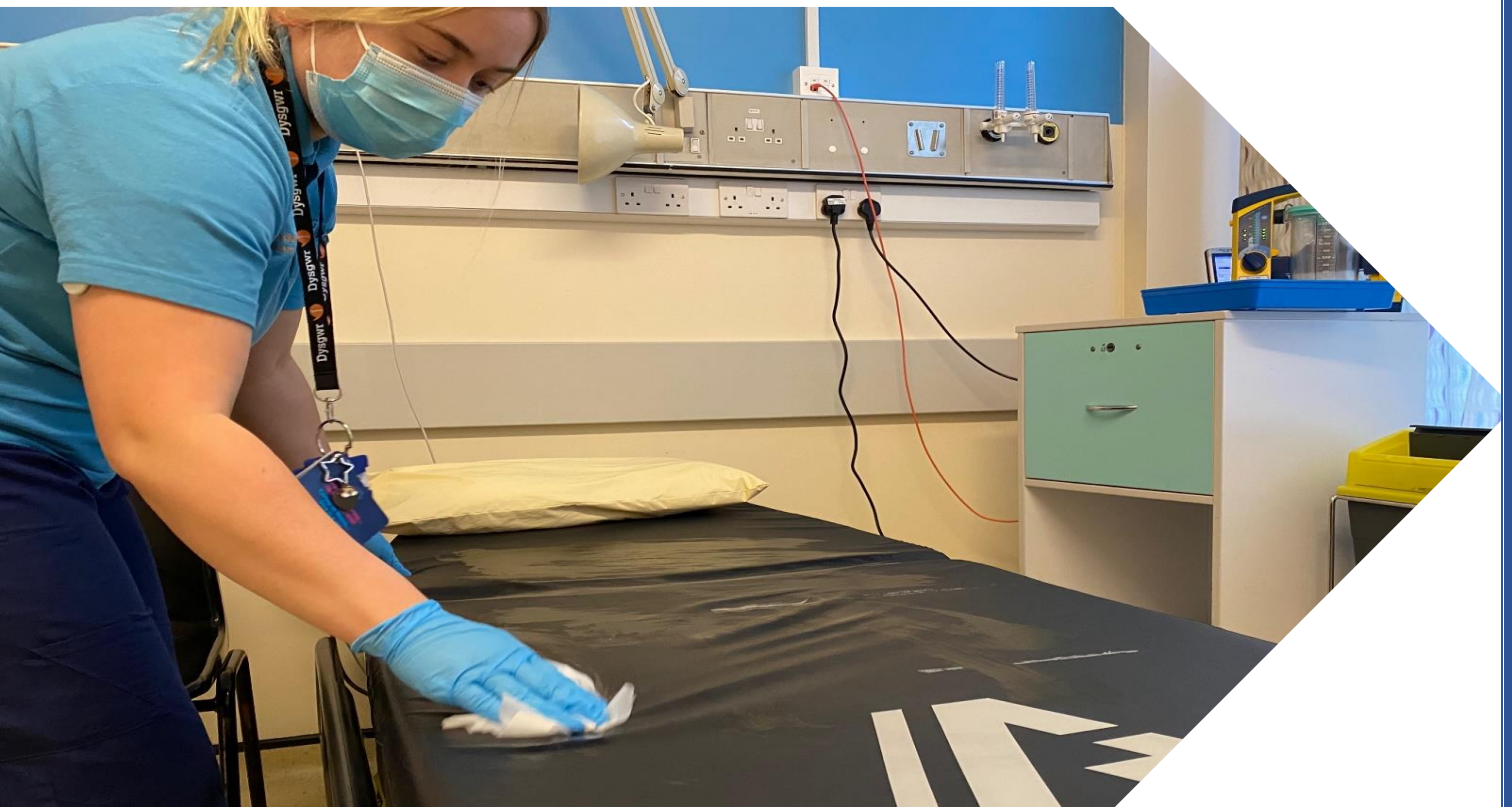




GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# The Healthcare Apprenticeship Programme: Driving Change



January 2024

## Glossary of terms

AHP – Allied Healthcare Professionals

AWCF – All Wales Career Framework

BAME – Black, Asian and Minority Ethnic

CIPD – Chartered Institute of Personnel and Development

CSR – Corporate Social Responsibility

FE – Further Education

GCSE - General Certificate of Secondary Education

HAP – Healthcare Apprenticeship Programme

HCSW – Health Care Support Worker

HE – Higher Education

HEI – Higher Education Institutes

HEIW – Health Education Improvement Wales

HDdUHB – Hywel Dda University Health Board

NHS – National Health Service

ONS – Office of National Statistics

RCN – Royal College of Nursing

RN – Registered Nurse

UCAS – University and College Admissions Service

WIMD – Welsh Index of Multiple Deprivation

WTE – Whole Time Equivalent

## Introduction

In 2019, Hywel Dda University Health Board (HDdUHB) launched their apprenticeship offer, using a combined learning programme model. This accessed various funding models including apprenticeships, further and higher education, with opportunities in both clinical and non-clinical careers. Initially, the offer was the Healthcare and Patient Experience pathways, however opportunities now exist within Digital Services, Electrical and Mechanical Engineering, Corporate Governance and People Development.

Now that the organisation has embraced these programmes for several years, there was a need to evaluate the effectiveness, considering this from an organisational, academic and apprentice perspective. This report focusses on the Healthcare Apprentice Programme (HAP), although as the other programmes follow a similar model, recommendations will consider the wider apprenticeship offer.

This evaluation set out to:

- Critically evaluate the HAP as a pipeline into nursing.
- Analyse the impact of the HAP from a widening participation perspective, focusing on the transition from vocational to academic learning and the impact on individual wellbeing and retention.
- Evaluate the effectiveness of the HAP from an apprentice perspective, including their experience in relation to transitioning through vocational and academic programmes.
- Compare the HAP as a pipeline against the internal 'HCSW Development Pathway.
- Propose recommendations which could positively affect the HAP, its participants, and wider apprenticeship programmes.

Research included feedback from apprentices, responding to a series of questions to assess the effectiveness of the programme linked to both quality of provision, support, challenges and wider influencing factors. Responses were received from 55% of the total apprentice participants.

This report highlights that although the programme creates a pipeline into nursing, which was the main objective, the overall effectiveness of the programme is impacted by many challenges, with a need to not only align the programmes with the internal development pathways but provide greater flexibility to support individual needs. It draws attention to the positive effect the programme has on widening participation and highlights that despite significant challenges linked to academic ability, it has created opportunities to support the local population and positively impacted workforce demographics.

The research concludes by providing recommendations to improve the effectiveness of the programme from a participant and organisational perspective, with a particular focus on programme changes that will not only increase apprentice experience, but support attrition and reduce the financial impact. Proposals aim to not only continue to provide opportunities for those with no formal qualifications but recognises other barriers to accessing the full-time graduate programmes and therefore increases the talent pool within the local labour market.

## Why invest in apprentices?

There are significant benefits to HDdUHB in having apprenticeships, including building a skilled workforce, supporting recruitment and retention strategies, reduction in the age profile of the workforce and supporting skills gaps. Apprenticeships supporting the culture of learning and development among the workforce and provide rewarding opportunities to the local community, accessing local talent, whilst widening access. There are also significant apprentice benefits including earning whilst they learn, getting hands-on experience, gaining industry-recognised qualifications and avoiding expensive academic fees.

59% of young people currently in year 9-12 are now considering an apprenticeship according to UCAS (October 2023). Apprenticeships provide a step up the opportunity ladder for a range of people including school leavers, unemployed, hard to reach communities and career changers.

With increasing workforce shortages, the need to widen access has never been more crucial. From an academic perspective, there is also growing pressure for Higher Education Institutions (HEI's) to be more inclusive, having a moral and ethical responsibility to consider any individual from underrepresented groups, supporting the apprenticeship model.










Future supply is also threatened in many career occupations and nursing is no exception with a steady decline of applications within the UK (Health Education England, 2018). This is set to continue with 2000 less nurses expecting to graduate in 2025 compared to 2024 (RCN, 2022). In Wales, a 22% decrease of applications from January 2022 to 2023 demonstrates the need to widen participation and consider alternative initiatives (Ford, 2023). Addressing the workforce crisis is deemed to be the only way the NHS will recover from the pandemic (Nursing Times, 2021) and therefore demonstrates the need to ensure any interventions, including the HAP, are effective.

In addition to the nursing crisis, the 2021 local census highlights that the population over the age of 65 is increasing, whilst those currently providing supply for the labour

market, including future school leaver pipelines, are declining (ONS, 2022), highlighting the pressures on HDdUHB in terms of increased demand and the reduction of workforce supply.

Data also identifies that 25.3% of those that fall into the working age population are currently economically inactive (Stats Wales, 2023), which is 3.6% higher than the UK overall (ONS, 2022b). Furthermore, the number of working age adults in Wales without a qualification has increased by 0.7% to 8.1% since 2020 (Welsh Government, 2022), highlighting the need for the organisation to consider alternative strategies to widen participation.

The need to provide local development opportunities was introduced to create an additional pipeline into nursing, recognising that those who attend city-based universities are less likely to return to their hometown until much later in life (Ungar, 2015). Acknowledging the local population demographics and ageing workforce, the need to widen participation is crucial.

Carmarthenshire			Pembrokeshire			Ceredigion		
Age Range	% of the population	Difference	Age Range	% of the population	Difference	Age Range	% of the population	Difference
0-15 years	17%	 0.8%	0-15 years	17%	 5.5%	0-15 years	14%	 10.1%
16-64 years	58.5%	 2.5%	16-64 years	57%	 4.9%	16-64 years	60%	 12.2%
65+	24%	 18.9%	65+	26%	 20.6%	65+	26%	 17.2%

Local Population Age profile (ONS, 2022a)

## What is the Healthcare Apprenticeship Programme?

To proactively combat nursing shortages and provide additionality to the external supply, local initiatives have been designed to suit HDdUHB's unique circumstances. Recognising the rurality and challenges to attract newly qualified nurses in Wales, one ethos adopted was the 'grow your own' approach to attract local talent. Launched as the flagship programme in 2019, the HAP provided a direct development pathway, leading the way across Wales to create nurses who would train and stay local.

The HAP was fundamentally introduced to create an additional pipeline into nursing, keeping the population local. Acknowledging the local population demographics and ageing workforce. Additional expected outcomes of the programme were to increase

Welsh speakers, addressing gender bias within nursing and overall having a positive impact on workforce demographics.

The HAP required no formal qualifications on entry and provided a pathway from level two to six, aiming for Registered Nurse (RN) status as an end point. The table below demonstrates the pathway designed to support candidates through to RN status.

Level 2 Foundation Apprenticeship in Healthcare Support Services	12 Months			
Level 3 Apprenticeship Clinical Healthcare Support		16 months		
Level 4 Certificate in Healthcare			24 months	
BSc in Adult General Nursing (Degree)				33 months

Where participants meet the academic and work-based competencies, there was a guaranteed progression through a series of reviews that monitor progress academically, pastorally and vocationally, using learning plans where interventions are needed.

The initial HAP provided apprentices the opportunity to work with Allied Healthcare Professionals (AHP), patient facing administration and facilities (understanding the roles of ward clerks, domestics and porters as well as the All-Wales menu for patients and the importance of infection prevention control). Due to the pandemic and the pressure on AHP's to consider alternative methods of meeting patient needs, rotational placements ceased in 2022, with a greater focus on the Health Care Support Worker (HCSW) experience.

## What does the retention data tell us?

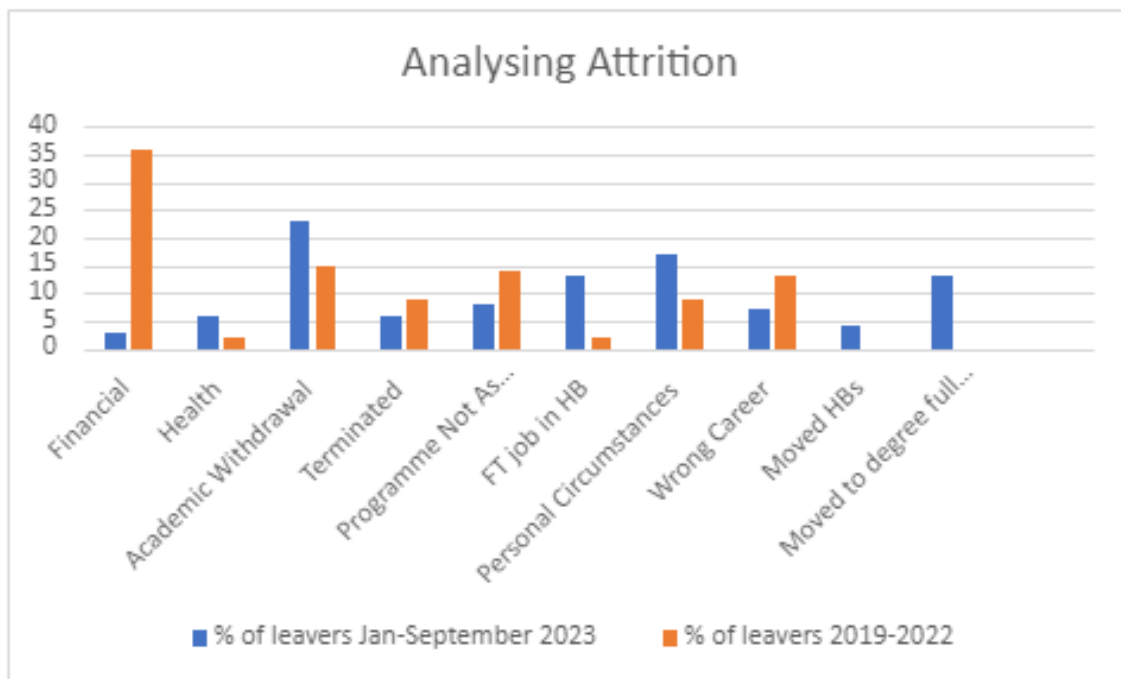
Retention for the HAP is captured using the number who started, against remaining participants. Benchmark data considers individual achievement and retention per qualification. As the HAP is a seven-year programme, consisting of four qualifications there is no baseline to compare. Retention by cohort shows a significant reduction year on year, with 42% remaining from the 2019 cohort, 53% from the 2021, 68% from 2022 cohort and 82% of the 2023 cohort. If achievement was calculated by retention, without recognising multiple programmes, the overall retention of the HAP is 54% (for 2019, 2021, 2022 cohorts) and 61% if including the

most recent cohort, against a Welsh Government expectation of 75% (Welsh Parliament, 2019), which does not reflect the reality when measuring the pipeline. If the HAP programme was measured against Welsh Government benchmarks for the work-based learning element (level 2 & 3), the comparison is shown below:

	2019 Retention %	2021 Retention %	2022 Retention %	All Cohorts Overall %	Welsh Government Target %
Level 2	76%	61%	80%	72%	75%
Level 3	72%	88%	87%	82%	75%

Exit questionnaires are evaluated to identify good practice, raise concerns, and allows the Health Board to identify trends. To allow for dialogue prior to employee disengagement and to understand feedback, data is captured for the HAP programme on initial resignation, providing opportunity for clarification to be sought.

After significant evaluation of the programme in December 2022, several changes were made, including increasing salary and levels of pastoral support. The graph below highlights the impact of these changes.



This demonstrates a significant reduction in the number of leavers due to financial reasons but highlights an increase in academic withdrawals as the first cohort progresses through the level 4 programme. Reasons such as health and personal circumstances also increased which is expected after an unprecedented pandemic. To be noted, is also the stark increase in the loss of apprentices to full time university nursing education.

Lack of academic ability is cited by both the universities and participants as one of the main reasons for leaving or being withdrawn from level 4 onwards. Following transition to university, several participants have either been academically suspended, allowing greater time to complete assessments and therefore an extended programme, or have been academically withdrawn. This suggests the need for a bridging programme to support the transition to higher education.

## How does the HAP compare with the internal HCSW Development Programme?

When comparing apprentice data with the internal HCSW development staff accessing the same pathway, the retention challenges are also evident, as highlighted below:

	2019 Apprentices accessing Level 4	HCSWs accessing Level 4
% Within timescale	30%	58%
% Extended timescale	48%	15%
% Academically withdrawn	22%	27%
% Still on programme	78%	73%

Although it shows that the current retention rate for the HAP at level 4 is 78%, this also highlights that only 30% are on target to complete within the agreed timescale. This suggests that 48% are finding it academically challenging, which reinforces the feedback received from HAP participants from the 2019 cohort. This increases the risk of further attrition. When comparing this to our internal HCSW accessing the same programme, the current retention rate is 74%, showing similarities between the two nursing pipeline models despite the programme differences.

Internal HCSW can access the same courses as HAP's through an internal development pathway, following the All Wales Career Framework (AWCF), outlined below:

#### Role Definition

Healthcare support workers provide a direct and indirect service to individuals in a variety of care settings. They undertake a range of delegated duties under appropriate supervision.

#### Level 2 Scope of Practice Descriptor

A Level 2 HCSW will at all times work under the delegation of a registered practitioner or assistant practitioner in the delivery of person centred care. They are expected to work as part of a team providing care within defined protocols, under supervision of and reporting to a registered practitioner/assistant practitioner. They will be responsible for following care plans and recording all personally generated observations and documenting care given in an individual's notes.

**Education Requirement** – Minimum of 46 credits from any pillar of the Credit and Qualifications Framework for Wales mapped to an individual's job role at Level 2 (60% of which must be at Level 2).

#### Level 3 Scope of Practice Descriptor

A Level 3 HCSW will have a greater degree of autonomy and may undertake a broader range of more complex interventions, problem solving and taking action on an individual's health and care in accordance with organisational policy and procedures. They will work on their own initiative, undertaking delegated tasks with appropriate supervision in place from a registered practitioner/assistant practitioner. They should contribute to assessment and assist in the development, implementation and evaluation of individualised care plans. They are able to supervise other staff and will promote the delivery of high quality individual care.

**Education Requirement** – Minimum of 58 credits from any pillar of the Credit and Qualifications Framework for Wales mapped to an individual's job role at Level 3 (60% of which must be at Level 3).

#### Level 4 (Assistant Practitioner) Scope of Practice Descriptor

A Level 4 Assistant Practitioner is expected to independently manage their own work and case load, undertaking tasks delegated by a registered practitioner with appropriate supervision in place. Having an understanding of evidence based practice and delivering care in line with current evidence, they will take responsibility for taking action relative to an individual's health and care in accordance with organisational policy and procedures. They will be responsible for some elements of assessment, implementing programmes of care and modifying individualised care plans, reporting back to the registered practitioner. They may delegate work to others and may supervise, teach and assess other staff.

**Education Requirement** – Minimum 120 credits at Level 4 (60% of which must be at Level 4).

NHS WALES SKILLS AND CAREER DEVELOPMENT FRAMEWORK FOR HEALTHCARE SUPPORT WORKERS SUPPORTING NURSING AND THE ALLIED HEALTH PROFESSIONS

## Accessing the training

Currently managed through the study leave process, in some cases, this is not easily accessible to all HCSW. The new automated study leave process allows identification where the development opportunity has been declined and the People Development Team work with managers to overcome barriers, recognising this is a requirement under the AWCF.

## Progression Opportunities

When a HCSW completes their relevant training, they must apply for an advertised vacancy and be successful to progress. This is significantly different within the HAP programme, which provides progression, which is managed through the Apprenticeship Academy and the Corporate/Senior Nursing Teams.

## Has the programme had a positive impact on widening participation?

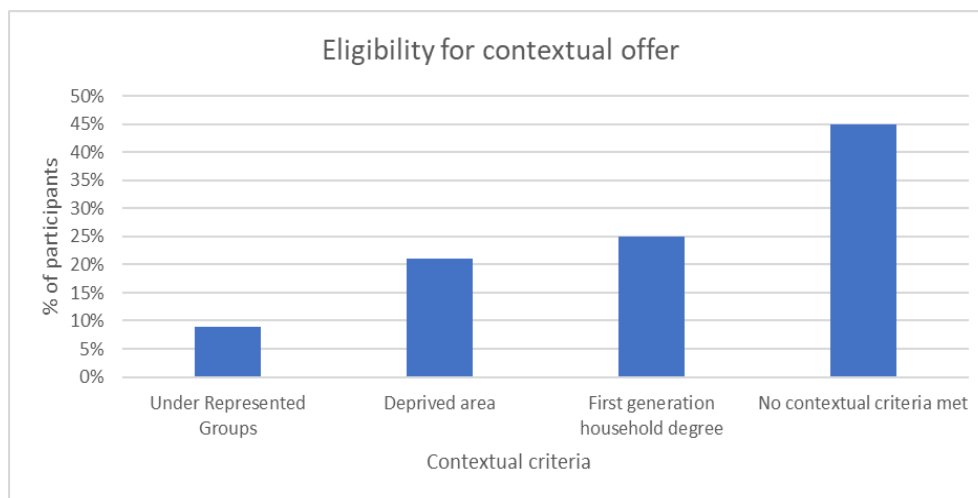
The impact of widening participation supports the obligations placed on organisations from a Corporate Social Responsibility (CSR) perspective, referring to the organisational impact on society, environment and the economy, directly impacting an organisation's reputation and brand (CIPD, 2022). As part of CSR, organisations are expected to support social equity and contribute positively to communities and society (CIPD, 2022). Investing in a true apprenticeship model is a way of achieving this.

Defined as providing opportunities for those who would not be able to pursue nursing as an option due to academic achievement or personal circumstances, initial findings reveal that the HAP has had a significant impact on diversifying the workforce as follows:

- Overall, 61% of HAP were school leavers, which significantly increased the number of 16–18-year-olds within the organisation.
- Since the HAP launch, the number of employees under 20 years of age has almost doubled from 0.82% in 2019 to 1.58% in 2022. Those under 25, represented less than 6% of the workforce, increasing to 7.2%, compared to 5% from an All-Wales perspective. The HAP has significantly impacted this data, with 82% of participant being under 25 years of age.
- Due to gender stereotypes, men contributed to 11.2% of nurses in 2015 and remained static at 11% in 2019 (RCN, 2022). Despite male nursing demographics within HDdUHB being slightly lower at 7.64%, this increases to 12.82% within the HAP.
- Welsh language skills of HAP participants are higher than the organisational average, which may be attributed to the fact that posts are also advertised with 'Welsh Essential' as part of the recruitment strategy. In addition, 32% of fluent Welsh speakers were supported to complete either all or a portion of their assessments through the medium of Welsh or bilingually. This is higher than the 23% of students within compulsory education in Wales, which in the post-compulsory sector is expected to be lower (Welsh Government, 2022).
- The proportion of HAP participants disclosing a disability is 4.3% higher than the organisations disclosure of 3.5%, contributing to a more diverse workforce. The number of participants who did not want to disclose their disability is less than 1%, against an organisational profile of 19%, suggesting that they have greater confidence to disclose their disability. This has also allowed the Apprenticeship

Academy to work with training providers and organisational services to ensure individual needs are met.

- As a result of financial hardship, colleges have supported the HAP, providing a laptop loan service benefitting 21% of participants. This corroborates research that suggests that 25% of those entering formal education from disadvantaged socio-economic backgrounds are significantly impacted by a lack of technology, including internet connection and appropriate devices (Adhikari, 2023).
- 78% stated they would not have gone into nursing without the HAP, thus widening participation within nursing.
- It is difficult to assess true impact of widening participation without a greater understanding of wider participant background against academic contextual eligibility criteria. Using the Welsh Index of Multiple Deprivation (WIMD) tool data identified if apprentices were from underrepresented groups, from deprived areas or those who are a first-generation degree applicant. Findings highlighted that using the HEI contextual admission process, 55% would be eligible, with 22% meeting more than one of the criteria stipulated.

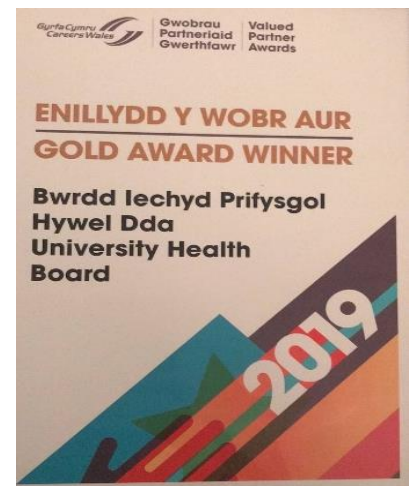


## What has worked well?

The inclusivity of the programme has received significant positive publicity including media coverage and awards. This has raised the profile of the programme, improved community engagement and promoted the organisation as an employer of choice.

## Outstanding Achievement Award

Recognised as an innovative programme to decrease the nursing shortfall and to widen participation, the HAP is high profile, having been identified as exemplary by the local population, Welsh Government, HEIW and NHS Wales. Awards have been received by participants from the National Training Federation Wales and the Apprenticeship Academy have won an 'outstanding contribution award' with Careers Wales (Careers Wales, 2020) and the national CIPD awards.



## Interview on S4C



In addition, the television programme, Heno, on S4C, featured an item giving recognition for the impact this Grow Your Own approach is having to overcome nursing shortages and retain talent locally.

## CIPD – Best Apprenticeship Scheme in Wales 2023

Last year saw HdDUHB awarded Best Apprenticeship Scheme. The programme was praised for its strategic vision, demonstrating that the HAP links to the overall strategic aims of the Health Board and supports local communities to provide employment opportunities for hundreds of local people.

## Partnership Working & Collaboration

Collaboration with colleges, training providers and universities has enabled the design of new qualifications to bridge the gap in career pathways, providing a firm platform for future growth. Despite significant challenges since the commencement of the HAP, the Apprenticeship Academy has continued to work alongside internal and external partners to ensure a rich learning experience for apprentices, which has resulted in various other collaborative initiatives including the Joint Healthcare

Apprenticeship Programme with a local authority partner, employability initiatives with the Regional Learning and Skills Partnership and joint funding bid opportunities.



## Supporting of Individual Needs

Recognising and responding to the needs of apprentices on all programmes has demonstrated commitment of the Apprenticeship Academy and the organisation.

- Supported with university applications and references to support entry into full time nursing programmes.
- Where individuals decided nursing was not the career choice for them, support was provided to transition to either employment within the organisation or supporting to access external training opportunities.

*“I loved talking to patients, but after my first HCSW placement, I knew I hated it. My first placement was with the porters, I am so lucky to be one of them now”.*

- Recognising apprentices also had caring responsibilities, the Apprenticeship Academy worked with service leads to identify opportunities that could be flexible to individual needs.

*“My childcare meant I had to leave, but they changed my contract to keep me”*

- Supporting individuals when circumstances change, e.g. health conditions preventing the continuation of the HAP, accommodating and supporting into business administration or other roles of interest.

*“I was asked to take a Healthcare Apprentice while she was waiting for a major operation. She was with us over 8 months, including her recovery and in this time, she provided a different perspective to the team. We were lucky to have her!  
She is now doing her level 4 qualification and she will make a great nurse”*

## What could we have done better?

### **Attrition**

Despite positive publicity, awards and successes, the attrition of the programme risked damaging the reputation of the programme. Since the increase from National Apprenticeship Wage to the National Living wage, attrition has significantly decreased, which was also supported by other improvements highlighted in this report. It is important to recognise attrition will always occur within a programme of such length, as life events and academic challenges impact an apprentices' ability to continue with the programme. By improving controllable factors, this has significantly improved the rate at which attrition was occurring.

### **Apprenticeship Academy Infrastructure**

Success of the Apprenticeship Academy programmes resulted in the programme growth far exceeding the capacity to deal with the academic, placement and pastoral issues raised and as a result, impacted the quality of service provided. This has seen significant improvement as the team stabilised and the introduction of the Engagement Officer role provided support at the point of need, at a local level. These challenges also impacted the effectiveness of communication, with a sharp increase in apprentice numbers after the initial 2019 cohort, the operational team grew at a slower pace which caused a lag in communication whilst the team settled into their roles.

### **BAME representation**

Despite demonstrating the HAP created greater diversity within the workforce, it must be highlighted that only 2.5% of HAP participants identify as BAME, compared to 6.7% of the nursing workforce. Taken into consideration should be the significant overseas recruitment of internationally qualified nurses and medical staff, impacting the overall data. The geographic population representative is 5.8% (ONS, 2022), resulting in HAP being underrepresented.

## What were the organisational challenges?

### **Predicting vacancy allocation**

The process for identifying the number of vacancies has been in collaboration with both corporate and operational nursing leads, however due to the length of the programme, forecasting vacancies has proved challenging. For the 2023 cohort, there have been significant challenges as nursing report a rapid and unexpected change in the financial position, which has led to less vacancies than predicted and

therefore reluctance to move apprentices into substantive roles. A factor impacting this is the predicting of apprentices who will need a substantive post. At present, Heads of Nursing are asked to provide a substantive vacancy for all apprentices, with a view of around 20% not being able to fill due to an extension on their supernumerary status. This can lead to vacancies being unfilled for an extended period of time, which is unacceptable. But filling them without consideration for apprentices leaves establishments over their allowance.

### **Band 4 progression**

On completion of the level 4 qualification, the programme provided guaranteed progression to an Assistant Practitioner Band 4 vacancy, allowing apprentices to use their skillset and raise experience. There have been a number of challenges with this model including number of apprentices and number and location of vacancies. There were also concerns raised around equity, as HCSW who complete the level 4 do not have automatic progression to Band 4 roles, and therefore a model should be adopted for both HCSW and apprentices to have equality within the streamlining.

Apprentices are able to complete 0.4 Whole Time Equivalent (WTE) in a Band 4 role as the remaining 0.6 WTE is as a student nurse on the part time degree. Some HCSW also move on to the part time degree, others remain content with their current position. As all part time degree students are studying on the same days, the distribution across the workforce rotas is a challenge to manage. There is an opportunity to filter HCSW who are not progressing to the part time degree, into the remaining 0.6 WTE band 4 roles, supporting rota management and this should be explored.

As described earlier, it is difficult to predict how many Band 4 roles will be needed as some apprentices will fail their last assessment on the first attempt which then leads to a delay in completion and certification. There is a lack of process for this transition, and also an expectation that these vacancies will be available when there currently isn't enough strategic workforce evidence to suggest vacancy accumulation over the years. As part of the 2019 planning, the creation of the Band 4 vacancies were expected to be met through the embedding of a 'Team Around the Patient Model'. As this model has not been adopted at the pace expected, this has created a risk that the challenges to identify Band 4 vacancies will continue. Some of the vacancies could be filled as the current Band 4 apprentices/HCSW transition into nursing positions when they complete their level 4 programme, however cohort sizes have increased annually, meaning that there will not be enough Band 4 positions to backfill.

## What were the academic challenges?

### Changes in course Offer/timescales

The timelines of the programme have been impacted by changes being imposed that are out of HDdUHB's control. The duration of courses has changed on several occasions, impacting apprentice experience. In some cases, the course duration has also reduced overall but does provide opportunities to catch up for those who are academically struggling.

### Hybrid learning

Due to the pandemic and accommodation challenges, delivery of qualifications switched to an online model of delivery. Despite the return of some face-to-face teaching, a hybrid method has become the norm, with part of their learning being accessed virtually. Although this does provide flexibility for students and negates the need to travel, this does not suit all participants. Participant feedback highlighted that barriers to hybrid working were as a result of lack of digital infrastructure, skills or suitable environment. Key themes included:

- Unless accessing a library, college/university work was often completed on a phone or iPad.
- Participants lacked internet access or somewhere quiet to work due to housing arrangements. Many apprentices struggled with the transition to online learning.
- This bears no correlation with quantitative data in terms of academic ability but does correlate to those who would be eligible for a contextual university offer.

Example of comments include:

*“Online sessions mean I have my sister’s baby screaming and people are in and out. I can’t have peace!”*

*“I completed my last assignment of my phone as I don’t have a laptop. I was told my grammar was not great”*

*“As I am dyslexic, I really struggle with online learning”.*

## Research and Study Skills – FE to HE Transition

Adequate preparation for higher education was an issue with 65% apprentices stating they lacked research and academic writing skills. Discussions with both the FE and HE provision led to the skills being embedded throughout the learning journey with better support to apprentices, particularly those who lack academic skills. However, it is difficult at this stage to measure impact of this intervention.

## Comparison of FE/HE Processes

The difference between the flexible nature of FE and the rigidity of HE has been a challenge for apprentices to navigate. Within the HAP, qualitative data shows participants have been several units behind in FE with no formal process initiated. Comparatively, in HE, the data shows us some apprentices have felt ill-equipped and struggled with accountability and time management. In some cases, this has led to an academic withdrawal at HE level. This highlights the challenge that vocational study does not promote ownership like the academic equivalent. Example comments from apprentices include:

*“We should have been shown in college what the university expected from our work”*

*“I sit in classes and get myself more and more worked up as I don’t have the writing and research skills”*

*“In college I was six modules behind and I was allowed to catch up. University didn’t let me do this and I have now been withdrawn!”*

From April 2023, contractual requirements for level 4 health related education imposed on HEI’s by HEIW stipulated a criteria in relation to admission of students. Stating “Where any qualification requirements are not met by a student, the Education Provider shall not permit a lack of qualifications to act as a barrier to enrolment” (HEIW,2023), outlining where additional barriers, including recent study, prevent access, will be looked upon unfavourably. It could be argued this then increases the risk of academic failure due to lack of research and academic writing skills, which remain a core requirement on any HEI programme. This is likely to result in individuals being ill-prepared due to the lack of infrastructure in HEI’s to accommodate the additional support. Adhikari (2023) questions the ethics, suggesting greater harm to confidence and self-esteem of individuals, increasing their likelihood of failure. This is intensified where individuals transition from vocational to academic learning (Mullen, 2020).

## **University processes**

There have been some challenges with the timeline for transition from one programme to another, resulting in qualifications needing to be condensed to allow for a seamless changeover from level 3 to level 4. Due to the timescales of university exam board ratification, this has meant that if apprentices fail to pass on their first attempt, there is a 10-month delay in them being able to start the part time nursing degree. The first cohort of apprentices have just reached this stage, and discussions are ongoing to modify the process to ensure future cohorts do not face the same potential delays. For the current cohort, this significantly impacts the apprentice's motivation to continue, and consideration has been given by some to enter full time education to by-pass this delay. If the University are unable to modify the process to avoid such delays, alternative provision such as alternative HE providers can be considered to considerably reduce the delay.

As a result of accuracy of data from HE/FE providers in the sharing of information, bimonthly meetings are held for an update on each HCSW and apprentice academic development. In some cases, these have resulted in significant delay for apprentices/HCSW accessing the next stage of their development as well as impacting their progression to the Band 4 Assistant Practitioner role as agreed.

Further challenges exist where apprentices are embarking on the final unit of the level 4 programme, as they have a single attempt at the last unit in order to meet the progression board deadline and allow for transition and immediate start on the part-time degree. Should they not pass on first attempt, this will result in a 12-month delay, significantly impacting the programme length. Early intelligence suggests that apprentices are enquiring with other universities to fast track this delay, meaning a further risk to retention and the success of the pathway. The Academy are in negotiation with the university to extend this to 2 attempts and accepting unratified level 4 results onto the part-time pre-registration programme, to mitigate this risk.

## **Application and interview**

Apprentices were offered level 4 application and interview support sessions recognising the number of candidates that are from lower prior academic attainment. Often the apprenticeship assessment day is the first formal interview they have had. Providing an optional support session enabled less confident apprentices to understand what HE learning providers are looking for and an opportunity to ask questions. Despite support mechanisms, there were cases where apprentices did not achieve the required score to progress. Pastoral support was provided to the limited number this impacted, and a further opportunity to interview will be given for the next intake, delaying their progression by approximately 6 months. During the delay, apprentices will be working full time and asked to attend additional preparation

sessions hosted by the Apprenticeship Academy to appropriately prepare them for the next opportunity to showcase their skills. This also allows for greater research and study skills support as these apprentices have also faced significant academic struggles as part of their vocational qualifications.

## **University Fees**

Further challenges including the introduction of a £150 fee per learner, per unit for 3<sup>rd</sup> attempts will impact financial commitment. Intelligence suggests approximately 40% of apprentices who started the level 4 programme required a third attempt. 28% of apprentices who started the level 4 have also been withdrawn due to academic ability, i.e. failing a unit three times. Although the data is not as clear cut for HCSW, research suggests the figure is similar via this route. At present, this comes out of HEIW funding. From 1<sup>st</sup> April, the aim is for this fee to be paid by HEIW via commissioning contracts. Should this fee be the Health Boards responsibility, further discussion around financial impact needs to be had.

## **Academic Achievement**

At the start of the HAP, 65% of participants had less than five GCSEs at grades A\*-C and 60% held a vocational qualification lower than level 2, which highlights as of school leaver age, only 35% would have been eligible for the traditional academic nursing route. When considering the ease of transition between FE and HE, 11% of participants found it either hard or very hard between level 2 and level 3 qualifications. The transition from level 3 to level 4 showed that those who found it hard or very hard had increased to 48%.

When combining this data, it demonstrates a correlation between previous academic achievement and how difficult participants found the transition across the levels. It indicates that those who have 5+ GCSE's find the transition to an increased education level easy, whereas an increased number of those less academic found the transition harder. This was reflected in the qualitative data collated, as shown earlier in this paper.

## **Challenges**

Feedback from apprentices in relation to challenges were similar to that of the leaver data, including financial pressures, academic ability and personal issues such as confidence. Data collated prior to pay changes in 2023 demonstrated that around 70% of leavers cited financial reasons for their exit. Post-pay changes, the main reason for leaving changed to academic ability. This demonstrates changes being made to the programme are having a positive impact on retention and leavers data is moving from internal to external factors.

The length of programme was also raised, stating it was too long and learning fatigue was an issue. It was suggested that shorter opportunities would not only support financial barriers, but also impact wellbeing in a positive way. In addition, flexible timescales were suggested which would allow apprentices to progress at their own pace.

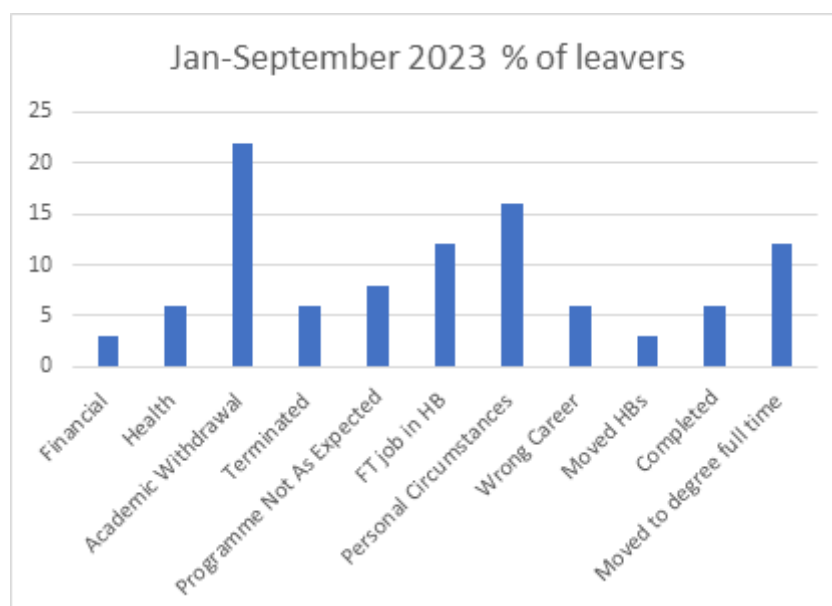
*“I am tired of learning as I am playing catch up all the time,  
It’s horrible as I’m behind my group by six months now”*

*“I feel even through the summer holidays I can’t rest and my brain is tired”*

### Impact of Academic Challenges

In summary, academic achievement has already impacted the effectiveness of the programme as a result of:

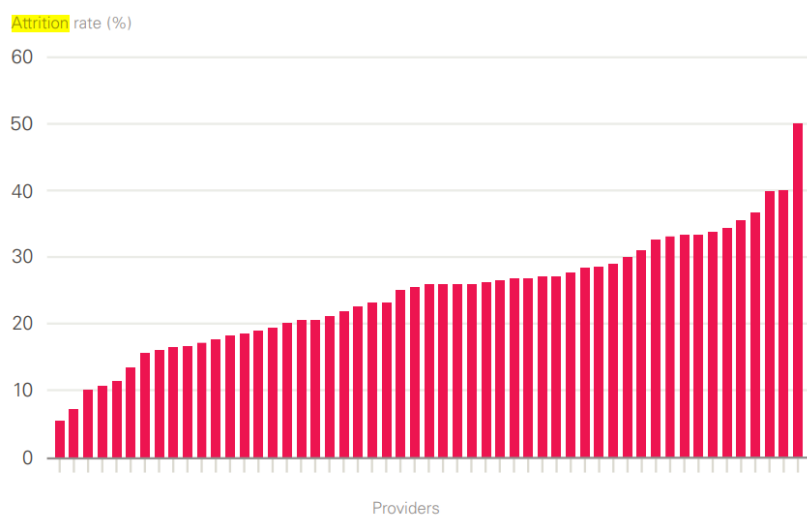
- 28% of those who started the level 4 have been withdrawn due to academic failure.
- A further 35% are currently on academic suspension due to the number of assessment attempts or are on suspension for personal reasons.
- Of the 27% that have been academically withdrawn, all have been retained as HCSW within the Health Board but are featured as an attrition to the Apprenticeship Academy figures. These HCSW are still a vital part of the workforce, and some are considering alternative routes back into nursing, for example via another university, or reapplying in a few years when they have greater experience.
- There number leaving to access a full-time nursing degree is increasing year on year.



Universities across the UK have experienced a further decline in nursing applications, with a 22% decrease in Wales since January 2022 (Personnel Today, 2023). This impacts the HAP as those who are applying after completing the level 3 through the HAP and have gained 3 years of HCSW experience, are more likely to be accepted into a full-time nursing degree than previous years recognising the decline in overall university applications. In addition, should the 2019 cohort decide to leave after a delay in progression due to learning provider processes and restrictions, they would likely be readily accepted into other Higher Education institutes due to their academic and vocational experience achieved throughout the apprenticeship programme. This is providing apprentices with a fast-tracked route, and therefore an attractive alternative.

It must be noted that whilst a 28% attrition for academic withdrawal on the Level 4 programme seems high, research demonstrates attrition on nursing HE programmes across the UK is around 33% (Nursing Standard, 2021). The Nursing Standards evidence considered the impact of the pandemic on attrition rates as part of the rationale for high numbers. However, a large-scale study considered 58 of 74 UK universities prior to Covid, which had a UK wide attrition of 24% in 2017 for nursing HE programmes. When considering individual universities, some attrition was as high as 50% (The Health Foundation, 2019)

#### Student attrition rate by provider between 2014-2017 for nursing HE programmes



Source: Data obtained directly from universities via Freedom of Information requests.

This demonstrates that a combined concern of decreasing applications, and an increased attrition, proves the issue to be nationwide.

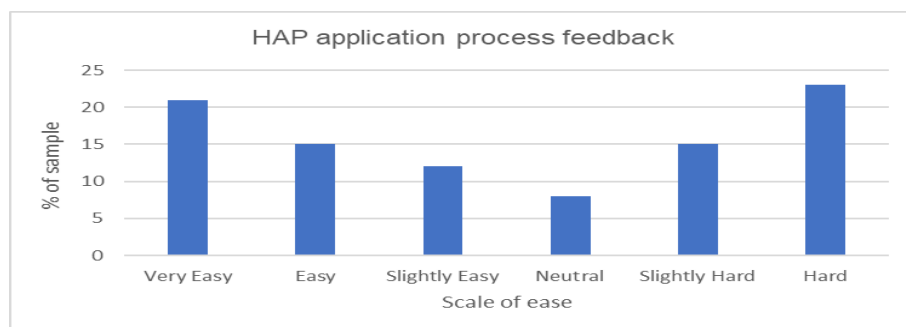
## Challenges for HE providers

Universities recognise that their students are becoming increasingly more diverse, with additional learning requirements creating significant pressure for HEI's to create resources that are fit for purpose (Mullen, 2020). Academic support has previously been in relation to research and study skills, with the majority providing one-to-one sessions, workshops and online resources to meet these specific needs (Sheilds & Masardo, 2015). In most cases, the onus is on the student to access the support, as opposed to being initiated automatically. In the case where students lack confidence and self-esteem, which are attributes of widening participation participants, this could leave students failing to not only identify the support available, but not access the support (Rodeiro, et al., 2014).

## How would the apprentices rate the application processes?

### HAP Application Process

As part of the recruitment strategy for the HAP, application processes were simplified, providing questions that applicants had to respond to, negating the need to write a personal statement as per the NHS Trac process. In addition, information sessions were held, where further information was given to ensure applicants were supported through the process. When HAP participants were asked to rate the ease of the application process, 48% stated that it was easy to a greater or lesser extent, with 8% indifferent and 38% finding it hard. When comparing those who found it difficult, 87% have no qualifications or less than 5 GCSE's and over 55% were school leavers.

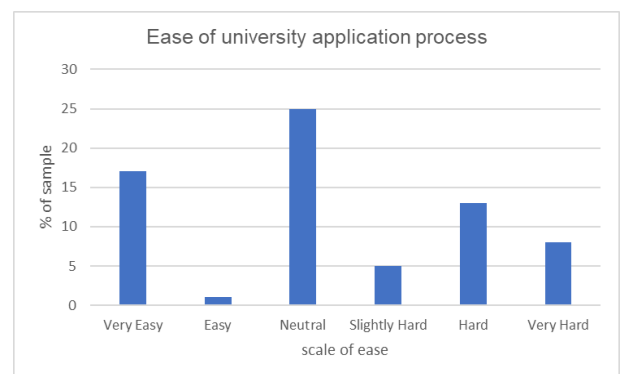
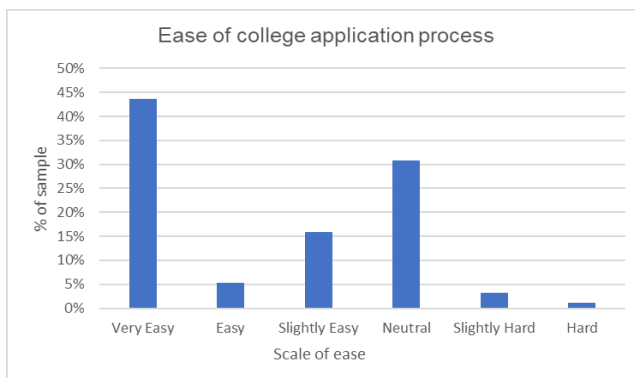


Qualitative data in relation to the recruitment process highlighted that 14% of comments related to the accessibility of the programme, outlining lack of barriers as part of the recruitment and selection process and how support has widened participation in relation to flexibility.

*“I didn't think I would get the GCSE results, but the assessment day made me feel it didn't matter as there were other options to get where I wanted to be”*

## College and University Application Process

When analysing the data of the college application process, 65% found the process easy to a greater or lesser extent, whilst 4% found it either slightly hard or hard. From a university application perspective, only 18% found the application process easy to a greater or lesser extent, and 26% finding it varying levels of hard. When considering those finding it hard, 77% had 4 or less GCSE's, 93% had struggled with the transition between the level 3 and 4 programmes, 89% have struggled with the college/university work and 0% were happy with the support offered by the university.



Qualitative data highlighted re-occurring themes as outlined below:

- Qualitative data outlined the HAP application process was a positive one, with praise for the assessment days as a recruitment tool.
- University application processes were found challenging due to the requirement to write a personal statement. This also correlates with those who found the transition from vocational to academic learning a challenge.
- Participants stated that there was a need to have greater access to tutor support at higher education level, suggesting this would provide clarification of expectations and programme content.
- Within the work-based learning element of the HAP, a similar theme emerged, with participants stating lack of protected support time.

## What were the apprentice personal challenges?

Participants were asked what challenges they faced with academic ability ranking the highest at 72%, closely followed by financial at 68% and confidence at 62%. Other challenges impacting a significant proportion of participants was travel, affecting 53% and lack of IT equipment at 38%.

### **Academic impact on wellbeing**

The impact on well-being is well researched in relation to transitioning into university education from both academic and vocational routes. Issues are more prominent for those from low socio-economic backgrounds. Impact on well-being is a general theme throughout most qualitative data, and when correlated with the characteristics, does corroborate these findings. In addition, intersectionality is known to increase anxieties, with 22% of HAP participants displaying one or more characteristics. Where individuals have no or low prior achievements, this increases anxieties as they're unable to benchmark themselves against earlier successes, recognising this represents 20% of participants.

### **Financial Concerns**

Originally the pay structure of the HAP was 12 months at National Apprenticeship Wage before progressing to Band 2 Annex 21. A review in December 2022 led to changes being implemented from April 2023 including a pay increase for apprentices. Financial reasons were cited most frequently in the leavers data between 2019-2022. This was also echoed in the requests to the financial hardship fund and laptop loan services with the learning providers. The new pay structure aligns the apprentice pay to that of HCSW once they pass their Gateway Review. This alignment has resulted in greater motivation, satisfaction and financial wellbeing among apprentices and has improved retention. Many apprentices also cited that the timescale prior to the first gateway review should be reduced, recognising in some cases, they provide mentorship for newly appointed HCSW. This will be considered as part of the full review of any offer moving forward.

### **Confidence and self-esteem**

The impact on self-esteem and confidence of being ill-prepared was a common theme within previous research. This correlates findings, highlighting 62% found confidence a challenge. This represented a higher proportion of those with less academic qualifications prior to joining the program. Prior research also highlighted the risk of deficiency thinking and the self-fulfilling prophecy having a negative impact on those from lower socio-economic backgrounds. Qualitative research identified the tendency for avoidance, not communicating with HE, which supports wider research in terms of avoidance and exacerbating the problems.

When considering the lack of research and study skills apprentices report to have on entry to programme, this has led to increased issues in confidence and self-esteem which in some cases has resulted in raised anxiety and avoidance behaviours. This becomes more apparent as the apprentices start higher education when the boundaries of academic skill requirement and independence increase. This appears to be heightened during the initial stages of HE entry whilst the apprentice acclimatises to institutional expectations.

## Career choice

Participants were asked if nursing was their definite career choice, with 51% participants confirming it was. When asked if they would have pursued nursing without the HAP, only 22% stated they would have.

## Other challenges

### Impact of Covid-19

One of the biggest challenges faced from an organisational perspective has been the Covid-19 pandemic, impacting the programme significantly. This resulted in the following:

- Greater need for pastoral support, recognising the heightened anxieties of the apprentices.
- Due to the age profile of the 2019 cohort, there was a need to change placements due to the Covid Risk in certain areas.
- No 2020 cohort due to the inability to provide face to face support and a robust induction.
- Reactive changes, at times providing the perception of chaos.
- Opportunities were made available for apprentices to be mobilised to support the testing and vaccination centres.

Despite some of the changes being the only option at the time, lessons were learnt with subsequent cohorts about how unexpected change impacts young people who may not have the resilience and require intense support.

## Support

### Levels of Support

Organisational data outlines a 90% satisfaction rate to a greater or lesser extent, compared to 94% for the college and 57% from the university. From a university perspective, correlation shows that of those who found the transition between level 3-4 hard, their satisfaction is significantly lower than those who found it easy, therefore showing causation.

Analysing the level of support received, 91% of those who did not feel support was adequate represent those with four or less GCSE's. This reinforces previous findings, outlining those who required academic support and have less academic ability are often less likely to fully utilise support, often not engaging, despite being made aware of what is available.

## **Pastoral Support**

A variety of pastoral support needs have been required since the commencement of the apprenticeship programmes, these range from wellbeing support to safeguarding referrals. To appreciate fully the extent of support provided, anonymised case studies below provide some qualitative context to the type and level of support provided by the Academy to apprentices.

### **Case Study: Apprentice A – homelessness**

Apprentice A joined the programme with low previous academic achievement and was currently living in homeless accommodation and had previously been in care. They applied for this programme with a personal outcome to grow in confidence, succeed in education and to give back to services that helped them in so many ways as a young adult.

Apprentice A explained that the clinical based ward has provided them with so many great experiences and new skills and has allowed them to gain confidence in the work environment.

*“I enjoy knowing that the work I do on the ward is benefitting the patients and helping them on their recovery.” – Apprentice A.*

Throughout their apprenticeship, Apprentice A was signposted to a variety of services including homelessness charities and other internal and external support services. Mid-way through the year, Apprentice A was able to successfully secure living accommodation for themselves and feels confident to lead an independent lifestyle. Apprentice A has a great attendance record and has been extremely committed and enthusiastic in both the work and education environment. This apprenticeship programme has allowed Apprentice A to gain invaluable skills and experiences and provided a full-time work-based learning opportunity.

### **Case Study: Apprentice B – Mental Health and Safeguarding**

Apprentice B began their journey as a healthcare apprentice and over time information came to light that the apprentice was unwell with personal incidences including eating disorders, self-harm and attempted suicide. Apprentice B had collapsed several times during working hours, and multiple occupational health referrals and escalations had taken place from the Academy. Apprentice B was seen

and deemed fit enough to work initially. During a study day, the college contacted the Academy to notify that Apprentice B was “distant, vague, very distressed and tearful...”. Upon the Academy further investigating the apprentice had suggested they had taken a substance and that they “would no longer be here”. Quick action from both the Apprenticeship Academy and the college resulted in the apprentice receiving a high level of support from the appropriate services. Collaboration between services such as the police, safeguarding teams across both organisations and departmental managers ensured communication was maximised and support provided appropriately and swiftly.

### **Case Study: Apprentice C - Bereavement**

Apprentice C started their HAP in 2023. The Apprenticeship Academy had introduced bereavement support training to the induction, which was delivered by the internal bereavement team. During her first shift as a supernumerary apprentice in A&E, Apprentice C witnessed two patients pass away. She was actively involved in shadowing staff providing care for the two patients. Apprentice C explained that the bereavement training, along with the introduction of lechyd Da resilience training, stood her in good stead to have the tools to adequately respond and cope with the challenges faced.

### **Case Study: Apprentice D - lechyd Da support**

The Apprenticeship Academy since 2023 have collaborated with lechyd Da Youth Health team, who are funded by the Health Board and provide support to vulnerable young people who are not in mainstream education. They have a team of nurses who are dedicated to providing targeted and proactive support across Carmarthenshire and Ceredigion.

A referral was made for Apprentice D who required emotional support following the sudden and traumatic death of a close family member, which had led to several absences from the workplace. The lechyd Da team met with the apprentice in a local cafe at the request of the apprentice, and she provided history of generalised and social anxiety following a recent bereavement. Apprentice D explained that previous contact with support services in the past had not been positive and that they had a lack of trust in agencies. lechyd Da continued to meet with the apprentice, and with the contact came an improvement in attendance at work and self-help techniques to support their health and wellbeing. Leading up to the first year of the bereavement, the apprentice had gained enough confidence to approach their line manager on ward to discuss the sensitive nature of timing and ask for support in the form of swapping days off. Apprentice D expressed their gratitude towards the support from lechyd Da staff and services.

## How does this evaluation relate to the other Apprenticeship Programmes?

Although this report focusses on the HAP, the evaluation reflects feedback from all programmes. This includes apprentices needing to increase the duration of their study, increased pastoral support and significant academic challenges. In addition, qualification changes meant the inability to follow pre-agreed pathways and the need to use wider training provision to meet learning needs.

## What have we already done to improve the programmes?

Following a programme review, changes were made to the HAP, which include strengthening the induction process, greater support with study skills to support the transition to higher educations and refining the review process.

### **Strengthening Induction Process**

Several improvements have been made to the induction process to support retention and improve participant experience, which now includes a greater focus on wellbeing, professional behaviours and bereavement. Working in conjunction with the Health Board Iechyd Da Youth Health Liaison Team, the STAR programme has also been added to the ongoing development which includes learning/signposting opportunities towards emotional health (confidence, anger management, coping techniques, dealing with stress and anxiety), healthy relationships, substance misuse, gender stereotyping and perceptions. The input from Iechyd Da has been well received with the 2023 cohort being the first to pilot the newly designed induction programme.

### **Study Skills Support**

Working in collaboration with Pembrokeshire College and Swansea University, both institutions now offer study skills as part of the programme. With Pembrokeshire College, they now expect the same study skills such as APA referencing to be embedded in the work of apprentices throughout their qualifications, mirroring the higher education standards. All learning institutions involved with apprenticeship delivery offer a wide range of support including Additional Learning Needs support, laptop loans, financial support through various funds and wellbeing support such as access to counsellors.

### **Gateway Review**

From April 2023, the time newly recruited HAP's spend supernumerary was reduced to a period of 6 months, still providing ample opportunity to shadow, learn a breadth of skills and demonstrate their competence prior to going into a substantive post. This supports better integration into the team and results in a reduced financial impact on the organisation.

The new Gateway Review provides greater formality and formed part of performance management. Formulated in conjunction with both the Heads of Nursing and the learning provider, it assesses the apprentices' performance and their ability to carry out the role of a band 2 HCSW. It includes feedback from apprentices, learning providers and clinical staff to reflect and assess the initial 6 months of an apprentices' journey. Success at the review leads to the apprentice moving into a substantive role, changing to HCSW uniform and mirroring the programme of band 2 HCSW colleagues. Should an apprentice not pass the review, a development and support plan provide clear objectives to develop the apprentice to an appropriate level before reassessing quarterly, up to one year of employment, whereby apprentices are managed through the performance management processes.

Since April 2023, two cohorts are progressing through the Gateway process. On average 67% pass through during their first assessment. Of those that fail, 20% pass on their second attempt, 3 months later, with the remaining 2% passing at month 12. Of those who are outstanding (11%) they are either on long term sickness, going through the managing performance procedure or are working their notice period. This is a challenge for the Academy to manage, with HR processes being lengthy and this causes frustration for clinical departments.

Once apprentices have passed the Gateway Review, they are a substantive member of staff, included as part of the service establishment and line managed by the Senior Sister for parity with HCSW colleagues. They continue to have one day per week study day and have a pay increase in line with the HCSW salary (Band 2). This creates parity with the Grow Your Own HCSW model and is critical for equity across developmental routes.

## What next?

### **Continued Collaboration**

Further collaboration with Strategic Workforce Planning and nursing colleagues will support the understanding of how to accommodate progression based on anticipated cohort achievement of Band 2 substantive and Band 4 vacancies. Closer

collaboration with learning providers will also provide more accurate intelligence on completion times to support planning activities.

Continue negotiation with FE/HE institutions to ensure smooth transition of programmes, without the need to extend programmes to limit the risk of attrition.

### **Greater information as part of attraction and recruitment**

Develop resources to strengthen the recruitment process, providing a greater insight into nursing, academic expectations and the level of study and commitment required. This could also include taster days or work-based activities and sample assessments.

### **Streamlining provision**

In addition, by streamlining the provision from level 4 onwards, this supports strategic workforce planning but also the cultural challenges faced which differs across the pipelines into nursing. This model allows for parity across the internal pipelines into nursing, creating clarity around the roles and responsibilities when supporting a staff member through this level of development.

### **Increasing support**

By reducing the gap between HCSW development pathway and the pathway of apprentices, greater parity will be achieved. This includes supporting HCSW pastorally and academically in the same way as apprentices. This can be achieved through the Engagement Officers and Future Workforce Team, through infrastructure that currently exists for apprentices.

Design a suite of 'information and support' materials for existing and future HAP participants, highlighting how to access support from colleges, universities and the organisation. This should include how to raise concerns and academic processes including extenuating circumstances.

### **Existing HAP participants**

Introduce a bridging model to support existing participants who have been delayed between level 3 and level 4, providing interventions to support them academically, including research, referencing and academic writing skills. Delivered between the level 3-4 programmes will support a smoother transition between vocational and academic learning. Allowing participants to work at their own pace, flexible timescales should be considered, taking into consideration individual learning needs, personal circumstances and current academic ability.

### **Performance management**

Where serious concerns are raised in relation to conduct and capability, a more consistent and streamlined process is to be adopted. This will outline the support to be provided, expected standards to be achieved and consequences of not meeting these standards, providing transparency to apprentices.

## Conclusion

The apprenticeship route widens access in relation to the social model of health and supporting future generations. It also supports the Health Board's recruitment targets and nursing workforce stabilisation agenda. The programme has grown and developed significantly, and the support provided to apprentices has increased.

The evaluation highlighted several areas which impacted the apprentice experience and overall outcome, of which, many were outside the control of the Health Board. These challenges were compounded by the number of academic suspensions, withdrawals and learner fatigue, which questions the overall model, especially as the transition from vocational to academic learning was a key contributor.

Starting at a singular entry point of level 2 restricts those with prior academic and vocational experience. By allowing all apprentices to access individual qualifications at a level that matches their ability will support confidence and improve attrition. Following this, individuals would have access to the internal development pathways and develop at their own pace, allowing apprentices to take time out to suit their personal circumstances or allow for academic support, thus providing equity between apprentice and HCSW development. This proposed model would allow individuals to manage their own career path alongside their role.

Factoring in existing academic levels will support academic stability from Level 4 onwards. It must be noted that attrition is unavoidable, and the current 7-year programme is a significant commitment. In addition, the attrition data is in line with the average nationwide data for higher education nursing programmes. However, there is an opportunity to decrease attrition with our intelligence indicating higher starting academic levels are factors of success in HE.

## Recommendations

Following the evaluation of the apprenticeship programme the recommendations for future offerings are:

- Replace the current combined learning programme offer with individual programmes that have multiple entry points. This will offer a level 2, 3 or 4 entry. Once the apprenticeship programme is complete, apprentices will join the internal development pathway, providing parity with the existing workforce 'Grow Your Own' ethos, and further support the widening access agenda. The rationale for this recommendation are:
  - Reduce the risk of losing apprentices as a result of learner provider processes, causing lengthy delays.
  - Recognises different academic abilities of the local labour market, and provides opportunities for those who have completed health related qualifications as part of school or further education learning. With the existing program, learners who had previously completed level two or three qualifications has had to resit these.
  - Allow apprentices the opportunity to develop at their own pace and provide a programme that test academic ability.
  - Improve the apprentice experience and improve retention
  
- Monitored by the Strategic People Planning and Education Group (SPPEG), a plan should be created to increase the types of apprenticeships within the HDdUHB, with a focus on how this can provide more opportunities, whilst having a positive financial impact on the organisation.
  - Feedback from RLSP, school, engagement, and Careers Wales states the space having an offer to access nursing, Sarah, many non-clinical apprenticeship opportunities which are currently not being utilised
  - Will continue to support the age, demographics of the workforce.

## Bibliography

Adhikari, R., 2023. Widening access to nursing in the UK: What does it mean in everyday practice. *Nursing Education in Practice*, 68(2), pp. 358-388.

Badrianto, Y. & Ekhsan, M., 2020. Apprenticeship and Implementation of Corporate Social Responsibility (CSR) of as a Strategy in Corporate Branding. *Presiding ICSMR*, 1(1), pp. 276-285.

Careers Wales, 2020. <https://careerswales.gov.wales/about-us/our-awards>. Available at: <https://careerswales.gov.wales/about-us/our-awards> [Accessed 18 December 2022].

CIPD, 2022. Corporate Responsibility: An Introduction. Available at: <https://www.cipd.co.uk/knowledge/strategy/corporate-responsibility/factsheet#gref> [Accessed 01 November 2022].

Ford, M., (2021). Nursing Times survey reveals extent of Covid-19 workforce pressures. Available at: <https://www.nursingtimes.net/news/workforce/nursing-times-survey-reveals-extent-of-covid-19-workforce-pressure-03-02-2021/>

Ford, M., 2023. Nursing Times: Concern over decline in student nurse applications for 2023-24. Available at: <https://www.nursingtimes.net/news/education/concern-over-decline-in-student-nurse-applications-for-2023-24-09-02-2023/> [Accessed 29 March 2023].

Health Education England, 2018. Reducing Pre-registration Attrition and Improving Retention. Available at: <https://healtheducationengland.sharepoint.com/Comms/Digital/Shared%20Documents/Forms/AllItems.aspx?id=%2Fcomms%2Fdigital%2Fshared%20Documents%2Fhee%2Enh%2Euk%20documents%2Fwebsite%20files%2FRePAIR%202018%2FrePAIR%5Fexecutive%5Fsummary%5FFINAL%2Epdf&parent> [Accessed 18 November 2022].

HEIW, 2015. Developing Excellence in Healthcare An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions. [Online] Available at: <https://heiw.nhs.wales/files/pdf-healthcare-support/> [Accessed 19 December 2022].

Mullen, F. (2020) Barriers to Widening Access to Higher Education, Glasgow: Scottish Parliament.

Nursing Times (2021) The UK nursing crisis – 2021 and beyond. Nursing Times: Available at: <https://www.nursingtimes.net/clinical-archive/healthcare-it/the-uk-nursing-crisis-2021-and-beyond-28-04-2021/> (Accessed 10 January 2023).

[Nursing Standard\( 2021\) Nursing student attrition: what's behind an apparent spike? \(rcni.com\)](https://www.rcni.com/news/2021/nursing-student-attrition-what-s-behind-an-apparent-spike/)

ONS (2022a) Population and household estimates, Wales: Census 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimateswales/census2021> (Accessed 09 February 2023).

ONS, 2022b. Economic activity status, England and Wales: Census 2021. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/economicactivitystatusenglandandwales/census2021> (Accessed 18 February 2023).

ONS (2022) Ethnic group by age and sex, England and Wales: Census 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012-12-11> (Accessed 10 April 2023).

RCN (2017) The voice of nursing. Available at: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/april/pub-005736.pdf> (Accessed 18 November 2022)

RCN (2022a) Nursing workforce in crisis even before pandemic, reveals RCN report. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-nursing-workforce-in-crisis-even-before-pandemic-070222> (Accessed 22 November 2022).

RCN, 2022b. Severe nursing workforce shortages: new RCN report exposes urgent need for government action. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-severe-nursing-workforce-shortages-new-rcn-report-exposes-urgent-need-for-government-action041122> (Accessed 19 December 2022).

RCN (2022c). Nursing workforce in crisis even before pandemic, reveals RCN report. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-nursing-workforce-in-crisis-even-before-pandemic-070222> (Accessed 03 January 2023)

RCN (2022). Our history: 1919 to the present. Available at: <https://www.nursingtimes.net/news/history-of-nursing/a-history-of-nursing-in-britain-the-1990s-to-2005-26-08-2021/> (Accessed 19 January 2023).

Rodeiro, C., Sutch, T. and Zanini, N. (2014) Academic and vocational pathways to higher education, Cambridge: University of Cambridge.

Sheilds, R. and Masardo, A. (2015) Changing patterns in vocational entry qualifications, student support and outcomes in undergraduate degree programmes, York: The Higher Education Academy.

Stats Wales (2023). Status of employed persons by Welsh local authority and measure. Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Employment/Persons-Employed/statusofemployedpersons-by-welshlocalauthority-measure> (Accessed 06 April 2023).

The Health Foundation (2019) A critical moment: NHS staffing trends, retention and attrition. Available at: [A Critical Moment\\_1.pdf \(health.org.uk\)](#) accessed on 30<sup>th</sup> January 2024.

UCAS (2016). Acceptances: Interim (Day 28). Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-timetable-data> (Accessed 29 December 2022).

UCAS (2021) Advanced Levels. Available at: <https://www.ucas.com/further-education/post-16-qualifications/qualifications-you-can-take/levels#:~:text=If%20you%27re%20thinking%20about%20going%20to%20university%2C%20most,a%20good%20way%20of%20keeping%20your%20options%20open.> (Accessed 19 November 2022).

UCAS (2022a) Widening Access and Participation. Available at: <https://www.ucas.com/advisers/guides-resources-and-training/tools-and-resources-help-you/widening-access-and-participation> (Accessed 22 December 2022).

UCAS (2022b) Terms Explained. Available at: <https://www.ucas.com/sites/default/files/ucas-terms-explained.pdf> (Accessed 29 December 2022).

Ungar, M. (2015) 'The end of rural communities: Why young people leave', Psychology Today, (22 November). Available at: <https://www.psychologytoday.com/us/blog/nurturing-resilience/201511/the-end-rural-communities-why-young-people-leave> (Accessed 22 December 2022)

UNIDO (2022) What is CSR?. Available at: <https://www.unido.org/our-focus/advancing-economic-competitiveness/competitive-trade-capacities-and-corporate-responsibility/corporate-social-responsibility-market-integration/what-csr> (Accessed 09 November 2022).

Welsh Government (2022a) Levels of highest qualification held by working age adults: 2021. Available at: <https://www.gov.wales/levels-highest-qualification-held-working-age-adults-2021-html> (Accessed 28 November 2022).

Welsh Parliament (2019) Welsh Government apprenticeship programme: Funding pressures and performance so far. Available at: <https://research.senedd.wales/research-articles/welsh-government-apprenticeship-programme-funding-pressure-and-performance-so-far/> (Accessed 18 November 2022).

